Determinants of health

“Factors that contribute to a person’s current state of health” (CDC, 2014).

<table>
<thead>
<tr>
<th>Determinants</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biology &amp; genetics</td>
<td>Age; sex</td>
</tr>
<tr>
<td>Individual behavior</td>
<td>Smoking, alcohol use, eating, exercise</td>
</tr>
<tr>
<td>Social environment</td>
<td>Income; gender; education</td>
</tr>
<tr>
<td>Physical environment</td>
<td>Housing; neighborhood conditions</td>
</tr>
<tr>
<td>Health resources</td>
<td>Health insurance; access to care</td>
</tr>
</tbody>
</table>

Effects of different determinants

County Health Rankings & Roadmaps Model – how much different factors impact health outcomes...

• Clinical care – 20%
• Social and economic factors – 40%
• Physical environment – 10%
• Health-related behaviors – 30%

Social determinants of health

“Social factors with important direct or indirect effects on health” (Braveman, Egerter, Williams, 2011).

<table>
<thead>
<tr>
<th>Upstream</th>
<th>Downstream</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>Knowledge</td>
</tr>
<tr>
<td>Income</td>
<td>Attitudes</td>
</tr>
<tr>
<td>Race</td>
<td>Beliefs</td>
</tr>
<tr>
<td>Working conditions</td>
<td>Behaviors</td>
</tr>
<tr>
<td>Neighborhood conditions</td>
<td></td>
</tr>
</tbody>
</table>

Disparities & the social gradient

“Life expectancy is shorter and most diseases are more common further down the social ladder in each country” (Wilkinson R, Marmot, 2003).

The Health Impact Pyramid

Counseling & education

Clinical intervention

Long lasting protective intervention

Change context to make defaults healthier

Socioeconomic factors

Sectors important to health

HiAP Defined

• Not necessarily a new concept.
• Integrates health concerns into policies, laws, projects, and programs that typically do not consider it.
• An approach – inherent flexibility.
• Based on the “collective impact” model.
• Related to health impact assessments.
• Additional research and evidence needed.

Health in All Policies

- Health & equity in other sectors
- Structural and procedural change
- Cross-sector collaboration
- Benefits multiple partners
- Engages stakeholders

Formal & Informal Approaches

• **Formal** – mandated by binding legislation or executive orders; determined via MOU
• **Informal** – relationship-centered; *ad hoc*
• Not a dichotomy
  – *Ad hoc* HiAP work may involve legal mechanisms
  – Success of formal approach involves relationships

## Possible Roles of Law

<table>
<thead>
<tr>
<th>Role</th>
<th>Example</th>
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</thead>
<tbody>
<tr>
<td><strong>Formalize HiAP work</strong></td>
<td>Rhode Island Commission for Health Advocacy and Equity (R.I. Gen. Laws 23-64.1-1 to 64.1-8 (2011)).</td>
</tr>
<tr>
<td><strong>Facilitate HiAP work</strong></td>
<td>Knox County, TN: “The department of health shall cooperate with, aid, consult with, advise and be responsible for coordinating with any other department or agency of county government where issues and occurrences affect public health” (Sec. 38-34, Code of Ordinances).</td>
</tr>
<tr>
<td><strong>Integrate health directly into other sectors</strong></td>
<td>Complete streets: “Promote access, mobility, and health” of city streets for all users (Tit. II, Sec. 431-801 – 431-807, Indianapolis Code of Ordinances).</td>
</tr>
<tr>
<td><strong>Impede HiAP work</strong></td>
<td>“Siloed” departments – Structure of government (e.g. Idaho Code 67-2402).</td>
</tr>
</tbody>
</table>
References

• Idaho Code § 67-2402.
• Knox County, Tenn., Code of Ordinances, ch. 38, art. II, div. 1, § 34.
• R.I. Gen. Laws § 23-64.1-1 to 64.1-8